

ENROLLEE VERSION

Practice Guideline for the Treatment of Patients With Bipolar Disorder

In 2002, APS Healthcare, Inc. (APS) adopted the American Psychiatric Association's (APA's) Practice Guideline for the Treatment of Patients with Bipolar Disorder (Revised). The latest version of this guideline was published in 2002 and the complete guideline can be found on the Internet at: www.psych.org under "Treatment Guidelines" or by contacting the APA for a paper copy.

A "practice guideline" is a paper that attempts to summarize the most up to date advances for the treatment for an illness. Organizations like the APA, have the goal of establishing more consistency in the treatment of disorders such as bipolar disorder. They want to attempt to ensure that all patients who are treated for depression receive the best, most up to date treatment for their illness. In turn, APS wants its enrollees to be educated about what constitutes the most advanced treatment so that you will have a good idea about what to expect.

The following represents a brief summary of the recommendations found in the APA practice guideline for the treatment of bipolar disorder.

Treatment for Bipolar Disorder

At this time, there is no cure for bipolar disorder; however, treatment can decrease the related symptoms and impairment. Initially, the psychiatrist should perform a complete evaluation and assess the patient's safety and level of functioning to arrive at a decision about the best treatment setting. Specific goals of treatment include providing education regarding bipolar disorder to the patient and family, encouraging treatment compliance, promoting regular patterns of activity and of sleep, anticipating stressors and identifying new episodes early.

A. Acute Treatment

1. Manic or mixed episodes

A manic episode (also referred to as mania) is a period of time whereby a person suffering from bipolar disorder may experience increased energy, activity or restlessness. Other symptoms of mania might include: excessively "high" or overly good mood; extreme irritability; racing thoughts; insomnia; poor judgment and increased sexual drive among others. Depending upon the severity of these symptoms, medication treatment for manic or mixed episodes (a

mixed episode is a combination of both depressive and manic symptoms) may include one or more of the following: a mood stabilizing medication, an antipsychotic medication, a benzodiazepine, and/or an antidepressant medication. Psychotherapy (talking therapy) or psychosocial treatments should be provided in addition to medication. Electroconvulsive therapy (ECT) may also be considered for patients with severe mixed or manic episodes or if medications are ineffective or for patients experiencing severe mania during pregnancy. This procedure involves placing electrodes on the side of the head, which pass a small current through the brain.

2. Depressive episodes

The initial medication treatment for bipolar depression is either lithium or lamotrigine. Antidepressants alone are not recommended. For more severely ill patients, simultaneous treatment with lithium and an antidepressant is recommended. In patients with life-threatening symptoms, or for severe depression during pregnancy, ECT also represents a reasonable alternative.

Psychotherapy is also recommended for the treatment of unipolar (major depression) and bipolar depression.

Depressive episodes with psychotic features usually require additional treatment with an antipsychotic medication or with ECT. Psychotic features may include hallucinations (seeing or hearing things that aren't there).

3. Rapid cycling

"Rapid cycling" refers to the occurrence of four or more episodes within a single year. These episodes could be manic, mixed or depressed as explained above. The first step in treatment is to identify and treat medical conditions, such as thyroid problems or drug and alcohol use that may contribute to cycling. Certain medications, particularly antidepressants, may also contribute to rapid cycling. The initial treatment for patients who experience rapid cycling should include lithium, valproate, or lamotrigine. For many patients, combinations of medications are required.

B. Maintenance Treatment

Following recovery from an acute episode, patients may remain at particularly high risk of relapse for a period of up to 6 months; this phase of treatment is called the maintenance phase. Maintenance medication is recommended following a manic or hypomanic episode (defined as mild to moderate mania). The recommended medications include lithium, and various other mood stabilizing medications.

Maintenance sessions of ECT may also be considered for patients whose acute episode responded to ECT.

During maintenance treatment, patients with bipolar disorder are likely to benefit from psychotherapy that addresses illness management and interpersonal difficulties.

Group therapy may also help patients address such issues as following treatment plans, adjusting to and coping with illness, building self-esteem as well as help with managing family and work or school related issues.